IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF SUBSTANCE ABUSE

Prevention Guide

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IDPH
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Preface

Welcome to the field of prevention. The Iowa Department of Public Health congratulates your agency for embarking on the journey toward creating a healthy Iowa by reducing substance misuse and issues related to problem gambling. The 2019 Prevention Guide provides foundational instruction and best practices for implementing prevention services. This tool should be maintained at your agency to ensure adherence to each component provided within this document. Due to the evolving nature of the prevention field, the Prevention Guide will be reviewed and revised by a collective group of stakeholders every two years. This group will consist of, but will not be limited to, Iowa Department of Public Health representatives and contracted agencies.

The 2019 Prevention Guide offers comprehensive instruction related to program performance standards for service availability and delivery, personnel onboarding and development trainings, fiscal practices, record keeping, and data reporting. Embedded throughout the guide are useful tips and tools to ensure contract compliance throughout the project period. Each component of this guide has been carefully drafted to assist your agency each step of the way.

Note: Throughout the Prevention Guidance, the term "substance misuse" will refer to alcohol, other drugs (legal and illegal), and tobacco.

Introduction

This handbook serves as a guide for Iowa Department of Public Health (IDPH)–funded prevention contractors. The creation of this handbook was funded by the Substance Abuse Prevention and Treatment Block Grant and the Partnerships for Success Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT OVERVIEW | PREVENTION SET-ASIDE

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed by formula to all U.S. states and territories. The grant is the cornerstone of states' substance misuse prevention, treatment, and recovery systems. The SAPT Block Grant is administered by SAMHSA, within the U.S. Department of Health and Human Services.

Federal statute requires states to direct at least 20% of SAPT Block Grant funds toward the primary prevention of substance misuse. This "prevention set-aside" is managed by the Center for Substance Abuse Prevention (CSAP) in SAMHSA and is a core component of each state's prevention system. On average, SAPT Block Grant funds make up 68% of primary prevention funding in states and territories. In 21 states, the prevention set-aside represents 75% or more of the state agency's substance misuse prevention budget. In six of those states, the prevention set-aside represents 100% of the state's primary prevention funding.

In Iowa, the Block Grant is called the Integrated Provider Network (IPN), which includes funding from SAMHSA and state appropriations for substance misuse prevention and treatment, as well as problem gambling prevention and treatment. This funding provides prevention and treatment services for all 99 counties in Iowa through 19 service areas.

Foreword

STORY OF THE RIVER

This story is often used to illustrate our role as prevention specialists:

Two friends, Susan and Fernando, are fishing on a river when Fernando looks upriver and sees a man in the water. He is struggling to stay afloat, so Fernando drops his fishing pole and pulls the man out of the water. The man is sputtering and cold, and Susan calls an ambulance on her cell phone to take him to a hospital. Susan and Fernando go back to fishing. Pretty soon they look upriver again and see a woman in the water. She is struggling, too, so Fernando drops his fishing pole again and pulls the woman out of the water.

She is not in very good shape, so Susan calls another ambulance to take her to a hospital. The friends return to fishing when they look upriver and see a whole group of people in the water. They are struggling to stay afloat and look like they are dragging each other down. Fernando drops his fishing pole and starts hauling people out of the water. He looks up and sees Susan walking away, upriver. He calls to her to come help pull people out of the river, and Susan responds that she is going upriver to find out why all the people are ending up in the water.

What prevention is:

We go upriver to find out what contributes to people misusing substances or experiencing issues related to problem gambling. We want to know exactly what is causing people to fall into the river, which may be different from river to river. Perhaps we go upstream—like Susan—and find that a fence to keep people away from the river has fallen and needs to be rebuilt. Maybe we find a slippery slope running into the river and can plant vegetation to prevent people from falling down the banks. Perhaps we find a big sign announcing, “The water’s great; jump in!” and we can take the sign down and replace it with a warning. We in prevention work to discover what is causing people to misuse substances or engage in high-risk gambling activities in our community, and then we work to reduce those risks and to build protections against substance misuse and/or problem gambling.

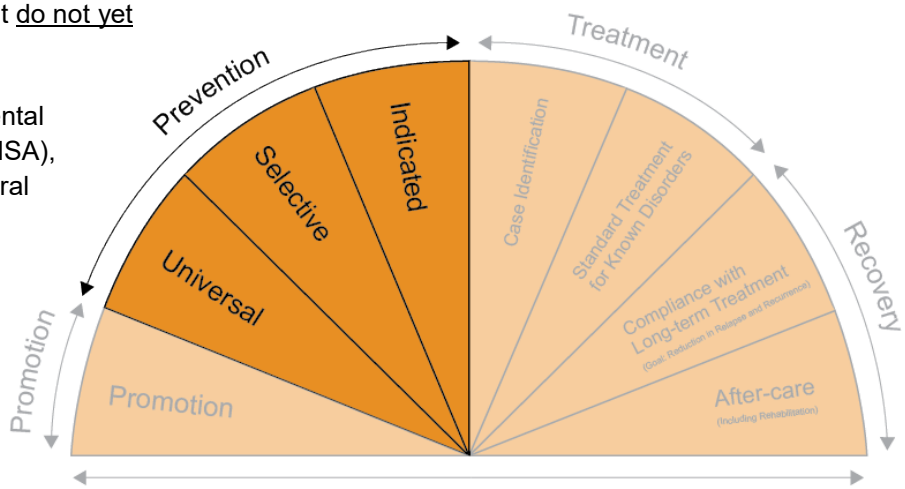
Source: Introduction to the field of prevention, The Athena Forum by the Washington State Health Care Authority/Division of Behavioral Health and Recovery, 2018

DEFINITION OF PRIMARY PREVENTION/CONTINUUM OF CARE

The term primary prevention refers to prevention services that are directed toward people who do not need treatment. Primary prevention should include a variety of strategies that prioritize populations and target populations with different levels of risk. Practitioners need to provide services in each of the Institute of Medicine (IOM) Model classifications (see below), which categorize preventive interventions by targeted population. The definitions for these population classifications are:

- **Universal:** The general public or a whole population group that has not been identified based on individual risk.
    - Universal Direct: Interventions directly serve an identifiable group of participants who have not been identified based on individual risk.
    - Universal Indirect: Interventions support population-based programs and environmental strategies.
- **Selective:** Individuals or a subgroup of the population - whose risk of developing a disorder is significantly higher than average.
- **Indicated:** Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.

> **"The term primary prevention refers to prevention services that are directed to people who do not need treatment."**



According to the Substance Abuse Mental Health Services Administration (SAMHSA), a comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

- **Promotion**: These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**: Delivered prior to the possible onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse, illicit drug misuse, and/or problem gambling.
- **Treatment**: These services are for people diagnosed with a substance misuse, problem gambling, or other behavioral health disorders.
- **Recovery**: These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

Source: Substance Abuse and Mental Illness Prevention, Substance Abuse and Mental Health Services Administration, 2018

PREVENTION PRIORITIES FROM IDPH

IDPH prevention services typically focus on alcohol, tobacco, and illicit drug misuse, as well as problem gambling behaviors. All prevention strategies must endeavor to impact the established short- and long-term outcomes identified in the agency work plan. All services provided must also align with the information listed in the plan. If a community need that was not previously identified arises, contact IDPH to discuss potential next steps for revision of the plan. Priority areas may change based on the funding available.

Through the Iowa Integrated Provider Network Grant, IDPH has determined the following priorities for prevention services. Funded grantees are required to provide services across the lifespan of the grant for each of the following:

- Alcohol
- Marijuana
- Prescription medications
- Problem gambling
- Tobacco

Other additional prevention priority areas that will receive specific attention with direction from IDPH have been identified, including:

- Methamphetamine
- Opioids
- Suicide

PREVENTION SPECIALIST

A prevention specialist is a “professional who uses a specialized set of knowledge, experience, training, and skills to encourage healthy attitudes and behaviors that prevent substance misuse and/or problem gambling. The role of the prevention specialist, as defined by the six Prevention Performance Domains (see below), is to empower individuals and communities to assess needs and to develop and implement strategies that effectively meet those needs.”

Source: Application Handbook for Certified & Advanced Certified Prevention Specialists, Iowa Board of Certification, 2017

For more information, please see Appendix A: Application Handbook for Certified & Advanced Certified Prevention Specialists.

FOUNDATIONAL SKILLS | PREVENTION PERFORMANCE DOMAINS

The International Certification and Reciprocity Consortium (IC&RC) has worked with subject matter experts in the field to identify the critical tasks, knowledge, and skills needed for working as a community prevention specialist. These essential functions are broken down into six domains:

Domain 1: Planning and Evaluation
Domain 2: Prevention Education and Service Delivery
Domain 3: Communication
Domain 4: Community Organization

Domain 5: Public Policy and Environmental Change
Domain 6: Professional Growth and Responsibility

Source: Application Handbook for Certified & Advanced Certified Prevention Specialists, Iowa Board of Certification, 2017

The following, shared from the Maine Prevention Certification Board, are key tasks for each domain:

Domain 1: Planning and Evaluation

- Determine the level of community readiness for change.
- Identify appropriate methods of gathering relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place people in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on a comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys or pre- or post-tests at activities.
- Conduct evaluation activities to document program fidelity.
- Using evaluation data, identify opportunities to improve outcomes.
- Utilize evaluation to enhance the sustainability of prevention activities.
- Provide applicable work groups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

Domain 2: Prevention Education and Service Delivery

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Maintain program fidelity when implementing evidence-based practices.
- Serve as a resource to community members and organizations regarding prevention strategies and best practices.

Domain 3: Communication

- Promote programs, services, and activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.
- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.

- Demonstrate interpersonal communication competency.

Domain 4: Community Organization

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to stakeholders and community members in mobilizing for community change.
- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.
- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.
- Participate in behavioral health planning and activities.

Domain 5: Public Policy and Environmental Change

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

Domain 6: Professional Growth and Responsibility

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize the importance of participation in professional associations locally, statewide, and nationally.
- Demonstrate the responsible and ethical use of public and private funds.
- Advocate for health promotion across the lifespan.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

Source: IC&RC Prevention Domains, Maine Prevention Certification Board, 2018

ETHICS

According to the Iowa Board of Certification, “All prevention specialists must subscribe to the IBC Code of Ethics upon application for certification. The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals’ recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.”

Iowa's Code of Ethics for Prevention Specialists is guided by six principles:

- Non-Discrimination
- Competency
- Integrity
- Nature of Services
- Confidentiality
- Ethical Obligations for Community and Society

Iowa's Prevention Specialists follow the Prevention Think Tank Code of Ethics, as recommended by the IC&RC.

> *Prevention Think Tank Code of Ethical Conduct Preamble*
>
> *The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.*
>
> *Principles*
>
> *I. Non-Discrimination*
> *Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.*
>
> *II. Competence*
> *Prevention professionals shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.*
>
> *a. Prevention professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable standards.*
> *b. Due care requires prevention professionals to plan and supervise adequately, and to evaluate any professional activity for which they are responsible.*
> *c. Prevention professionals should recognize limitations and boundaries of their own competence and not use techniques or offer services outside those*

boundaries. Prevention professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.

d. *Prevention professionals should be supervised by competent senior prevention professionals. When this is not possible, prevention professionals should seek peer supervision or mentoring from other competent prevention professionals.*
e. *When prevention professionals have knowledge of unethical conduct or practice on the part of another prevention professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory, or other appropriate bodies.*
f. *Prevention professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment.*

III. *Integrity*

To maintain and broaden public confidence, prevention professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

a. *All information should be presented fairly and accurately. Prevention professionals should document and assign credit to all contributing sources used in published material or public statements.*
b. *Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.*
c. *Where there is evidence of impairment in a colleague or a service recipient, prevention professionals should be supportive of assistance or treatment.*
d. *Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.*

IV. *Nature of Services*

Practices shall do no harm to service recipients. Services provided by prevention professionals shall be respectful and non-exploitive.

a. *Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.*
b. *Prevention professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation, and evaluation of prevention services.*
c. *Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate agency.*

V. *Confidentiality*

Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records or recording of an activity or presentation without appropriate releases. Prevention professionals are responsible for knowing and adhering to the State and Federal confidentiality regulations relevant to their prevention specialty.

VI. *Ethical Obligations for Community and Society*

According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and

personal wellness should guide the efforts of prevention professionals to educate the general public and policymakers. Prevention professionals should adopt a personal and professional stance that promotes health.

IDPH expects that all prevention professionals will adhere to this ethical code of conduct, regardless of certification status. It is also expected that prevention specialists will receive both initial and ongoing training (a minimum of at least every two years) in ethics as it relates to work in substance misuse prevention and/or problem gambling.

Source: Prevention Think Tank Code of Ethical Conduct, International Credentialing, 2018

"IDPH expects that all prevention professionals will adhere to this ethical code of conduct, regardless of certification status. It is also expected that prevention specialists will receive both initial and ongoing training (a minimum of at least every two years) in ethics as it relates to work in substance misuse prevention and/or problem gambling."

CERTIFIED PREVENTION SPECIALISTS IN IOWA

The Iowa Board of Certification (IBC) is the credentialing body for Certified Prevention Specialists in the state. According to their website, “The Iowa Board of Certification (IBC) grants certification to persons who have met certain standards defined by the organization. Certification is designed to promote and maintain integrity and quality of substance misuse, problem gambling, and other behavioral health professionals.”

Why does certification matter?

- Certification increases professionalism in the field.
- Certification marks the professionals who are specialists in their field.
- Certified professionals may be recognized in state and national insurance legislation, Federal Department of Transportation regulations, and agency staffing requirements.
- Certified professionals may receive opportunities for peer networking and involvement in IBC-sponsored education, conferences, and committee work.
- Most employers require certification for employment.
- If certified at a reciprocal level, professionals are free to move to another state or country that uses IC&RC credentials and receive certification in the new location.
- IDPH grants may require certification.

Learn more about becoming a Certified Prevention Specialist. Visit the Iowa Board of Certification’s website.

Learn more about becoming a Certified Prevention Specialist. Visit the Iowa Board of Certification’s website.

Introduction to the Strategic Prevention Framework

According to SAMHSA, the "Strategic Prevention Framework (SPF) is a planning process for preventing substance misuse and/or problem gambling. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and/or problem gambling and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process."

FRAMEWORK OVERVIEW

Before looking closely at each of the SPF steps, it is important to understand some guiding principles and features that are distinctive to the SPF and are essential to implementing the process with fidelity.

The SPF is:

Data-driven: Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse and/or problem gambling issues to address in their communities to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.

Dynamic: Assessment is more than just a starting point. Practitioners will return to this step again and again: as the prevention needs of their communities change and as community capacity to address these needs evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation after an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.

Focused on population-level change: Earlier prevention models often measured success by looking at individual program outcomes or changes among small groups. But effective prevention means implementing multiple strategies that address the constellation of risk and protective factors in a given community. In this way, we are more likely to create an environment that helps people support healthy decision-making.

Intended to guide prevention efforts for people of all ages: Substance misuse and/or problem gambling prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at those two issues among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults age 65 and older.

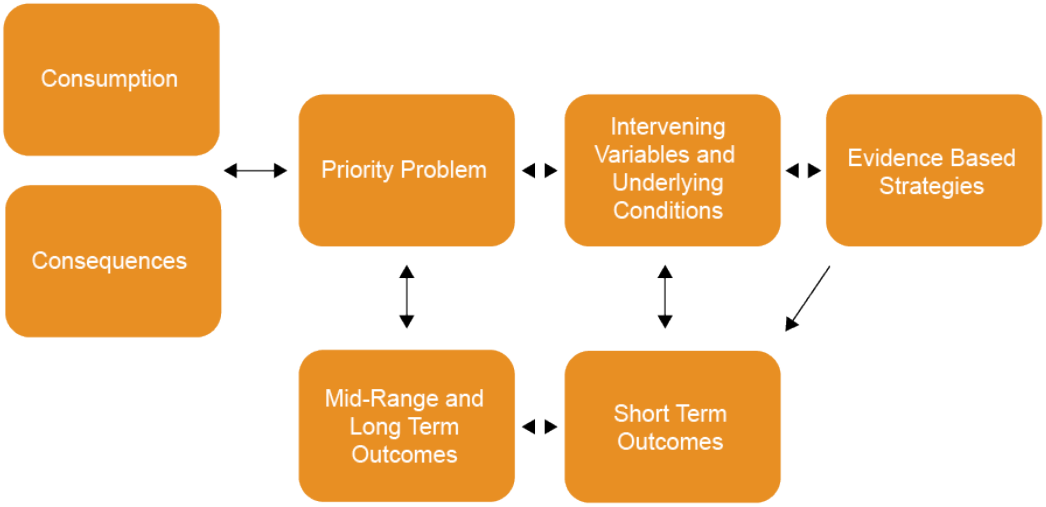
Reliant on a team approach: Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

Read more on SAMHSA's Applying the Strategic Prevention Framework.

Read more on SAMHSA's Applying the Strategic Prevention Framework.

OUTCOMES-BASED PREVENTION

The foundation of the SPF model is Outcomes-Based Prevention (see below for a visual representation as a logic model). This process details the planning steps that must occur for community-level change. Building the logic model begins with careful identification or mapping of the local substance misuse and/or problem gambling issue (and the associated patterns and consequences among the population affected), as well as the factors or intervening variables that contribute to them.



Consumption refers to the way people misuse and consume substances. For example, the number of underage youths in a community who have used a prescription in a way other than was prescribed in the last 30 days or the number of 11th-graders who report gambling in the last 30 days.

Consequences are the social, economic, and health problems associated with substance misuse and/or problem gambling. For example, the number of youths suspended from school for alcohol-related citations.

Intervening Variables are the underlying factors that contribute to the problem. For example, social access, where peers may be sharing prescription drugs at parties or at other social gatherings for the "effect" of the drugs, may contribute to the problem of prescription misuse in a community. Intervening variables answer the question: "Why here?"

Underlying Conditions continue to drill down to the intervening variables to figure out: "But, why here?" For example, maybe social access is an issue in your community because there are many multigenerational families in your community and youth have easy access to a grandparent's medications. The more specific you can be in identifying the distinct conditions contributing to the problem in your community, the more likely you are to match them with a strategy that will have the most impact.

Evidence-Based Strategies have documented evidence of effectiveness and preferably have been rigorously tested and shown to have positive outcomes in multiple peer-reviewed evaluation studies.

The Strategic Prevention Framework

ASSESSMENT

Overview

The first step of the SPF is Assessment, where you gather and examine data related to substance misuse and/or problem gambling as well as related consequences, community climate, environment, infrastructure, and resources.

Just like when building a house, having a strong foundation is essential. Investing time in a thorough assessment will increase the likelihood that your efforts will achieve the desired change you are seeking. While many communities across the country are struggling with the devastating effects of substance misuse and/or problem gambling, the specific variables and conditions can be different from one community to another. By identifying the scope of the problem (by looking at the consequences and consumption trends in your county) and the specific variables and conditions that are contributing to these issues, you can better focus your resources on specific improvements.

Collecting and Analyzing Community Data

The following are guidelines from SAMHSA for collecting and analyzing community data:

- Take stock of existing data: Start by looking for state and local data already collected by others, such as hospitals, law enforcement agencies, community organizations, state agencies, and epidemiological work groups.
- Look closely at your existing data: Examine the quality of the data you have found, discard the data that are not useful, and create an inventory of the data you feel confident about including in your assessment.
- Identify any data gaps: Examine your inventory of existing data and determine whether you are missing any information. This could include information about a particular problem, behavior, or population group.
- Collect new data to fill those gaps: If you are missing information, determine which data collection method—or combination of methods—represents the best way to obtain that information. Data collection methods include surveys, focus groups, and key informant interviews. See Finding Epidemiological Data on SAMHSA's website for more information.

Data may reveal that multiple areas are contributing to substance misuse and/or problem gambling in your community. You will want to establish criteria for analyzing assessment data to guide your decision on which issue(s) to make your priority. See Criteria for Analyzing Assessment Data on SAMHSA's website for more information.

Source: Applying the Strategic Prevention Framework – Step 1: Assess Needs, Substance Abuse and Mental Health Services Administration, 2018

Risk and Protective Factors

Biological and psychological characteristics can make people vulnerable or resilient to potential behavioral health problems. Individual-level protective factors might include a positive self-image, self-control, or social competence.

In addition, people do not live in isolation; they are part of families, communities, and society. A variety of risk and protective factors exist within each of these environmental contexts.

Learn more from the SAMHSA Center for the Application of Prevention Technologies' Risk and Protective Factors webpage and from the Risk and Protective Factors and Initiation of Substance Use: Results from the 2014 National Survey on Drug Use and Health. Review the chapter on Risk Factors and Protective Factors in the National Institute on Drug Abuse's report, Preventing Drug Use among Children and Adolescents.

Primary prevention services funded by the Federal Block Grant must focus on preventing substance misuse. IDPH-funded contractors are encouraged to collaborate with community stakeholders whose area(s) of expertise include shared risk and protective factors. IDPH contractors must adhere to their IDPH-approved work plans to ensure prevention efforts align with the appropriate funding expectations.

Identifying Disparate Populations

Definition of Health Disparities

Healthy People 2020 defines a health disparity as a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

(Within populations of focus are) subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values and/or socioeconomic factors specific to that subpopulation.

Various subpopulations face elevated levels of mental and substance use disorders and experience higher rates of suicide, poverty, domestic violence and childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.

Source: Behavioral Health Equity, Substance Abuse and Mental Health Services Administration, 2018

Consider these definitions from The Health Equity Institute at San Francisco State University.

Health Equity: Attainment of the highest level of health for all people. Health equity involves efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives. Learn more from our Health Equity Framework.

- Health Inequities: Differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions. Learn more about what affects health inequities.
- Health Disparities: Differences in health outcomes among groups of people.

This brief video gives an overview of health equity.

Source: Defining Health Equity, Health Equity Institute, 2018

ADDITIONAL RESOURCES

What is Health Equity? Health Equity Institute for Research, Practice, and Policy

Applying the Strategic Prevention Framework and HHS Disparity Impact Measurement Framework to Address Behavioral Health Disparities, SAMSHA's Center for the Prevention of Application Technologies

Increasing Cultural Competency to Reduce Health Disparities: Approaches for Communities, SAMSHA's Center for the Prevention of Application Technologies

Assessing Community Readiness

Community readiness is a community's willingness to engage in and support prevention efforts, as well as the availability of skills and resources within that community. The Community Readiness Model was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is essential for success.

According to the Tri-Ethnic Center, the Community Readiness Model (CRM) can help a community move forward and succeed in its efforts to change in a variety of ways. Some of these include:

- Measuring a community's readiness levels in several dimensions to help diagnose where to put initial efforts
- Helping to identify a community's weaknesses and strengths, and the obstacles they are likely to meet as they move forward
- Pointing to appropriate actions that match a community's readiness levels
- Working within a community's culture to come up with actions that are right for the community
- Aiding in securing funding, cooperating with other organizations, working with leadership, and more.

Source: Community Readiness, Tri-Ethnic Center, College of Natural Sciences, Colorado State University, 2018

BUILDING CAPACITY

According to SAMHSA:

Step 2 of the Strategic Prevention Framework (SPF) helps prevention professionals identify resources and build readiness to address substance misuse and/or problem gambling." This "involves building and mobilizing local resources and readiness to address identified prevention needs. A community needs both *human* and *structural* resources to establish and maintain a prevention system that can respond effectively to local problems. It also needs people who have the motivation and willingness—that is, the *readiness*—to commit local resources to address identified prevention needs." Prevention programs and interventions that are well-supported with adequate resources and readiness are more likely to succeed.

Engaging a broad range of stakeholders is key to unlocking a community's capacity for prevention. Effective prevention depends on the involvement of diverse partners—from residents to service providers to community leaders. These people can help you share prevention information and resources, raise awareness of critical substance misuse and/or problem gambling issues, build support for prevention efforts, and ensure that prevention activities are appropriate for the populations they serve.

Build relationships with those who support your prevention efforts, as well as with those who do not. Recognize that potential community partners will have varying levels of interest and/or availability to get involved. One person may be willing to help with a specific task, while another may be willing to assume a leadership role. Keep in mind that, as people come to understand the importance of your prevention efforts, they are likely to become more engaged.

Source: Applying the Strategic Prevention Framework – Step 2: Build Capacity, Substance Abuse and Mental Health Services Administration, 2018

Community Engagement

Community engagement is key for making data-informed decisions, as well as building ongoing sustainability. Agencies should attempt to involve not only the 12 required sectors but also seek out a diverse variety of stakeholders that connect with the priority issue, shared risk, and protective factors or activities. This should include a wide range of people, especially individuals whose behavior the funded entity is working to change (population of focus) and individuals who will implement the strategies impacting that population (agents of change). Other key stakeholders include community members who can speak to local conditions, culture, and available data and resources; gatekeepers with the access or influence to effectively implement strategies; and those with the skills to complete the process, such as

the ability to gather and interpret information, knowledge of prevention, or experience with evidence-based practices.

Building capacity is most likely to have success when it is done in a purposeful way, specifically considering fidelity to the SPF steps. The following components have been identified by SAMSHA's Center for the Application of Prevention Technologies (CAPT), in their resource Fidelity in the Strategic Prevention Framework (SPF) Process, as essential components of the process:

- Develop a working structure.
  - Create and document infrastructure.
- Mobilize community capacity.
  - Recognize individual talents and solutions.
  - Help the coalition be embraced and supported by the community.
  - Ensure the community has a level of awareness and knowledge about the coalition and its efforts.
  - Directly involve the target population in planning and efforts.
- Nurture coalition capacity.
  - Engage broad community participation from all sectors.
  - Encourage participation of members that represent the cultural and linguistic composition of the community.
  - Ensure sufficient resources to carry out the activities of the SPF step.
  - Ensure that members are clear about their roles and responsibilities and consistently follow through.
  - Offer skill building and trainings related to the SPF, prevention effort, or coalition development, through the coalition.

Community Coalitions

As stated in the Community Tool Box from the University of Kansas's Center for Community Health and Development, "In simplest terms, a coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve permanently the overall quality of life for most people in the community. By the same token, the individuals and organizations involved might be drawn from a narrow area of interest or might include representatives of nearly every segment of the community, depending upon the breadth of the issue."

Source: Section 5 – Coalition Building I: Starting a Coalition, Community Tool Box, Center for Community Health and Development, University of Kansas, 2018

Check out the Community Tool Box from the University of Kansas's Center for Community Health and Development

Diverse community input and engagement is a central tenet of the SPF. Creating or working with a community coalition, collaborative council, or other advisory council increases the likelihood that data-driven decisions and planning are done within the context of the community's culture, capacity, and readiness.

Required Sectors

According to SAMHSA, “Substance use and misuse are complex problems that require the energy, expertise, and experience of multiple players, working together across disciplines, to address. Collaboration can help you tap the resources available in your community, extend the reach of your own resources by making them available to new audiences, and ensure that your prevention efforts are culturally competent. By working in partnership with community members and involving them in all aspects of prevention planning, implementation, and evaluation, you demonstrate respect for the people you serve and increase your own capacity to provide prevention services that meet genuine needs, build on strengths, and produce positive outcomes.”

Source: Cultural Competence, Substance Abuse and Mental Health Services Administration, 2016

Diverse collaboration may look different for each community, but IDPH uses an approach initially put forth through the national Drug-Free Communities Program that requires the inclusion of 12 sectors of the community to ensure a foundational level of input and community engagement.

The 12 required sectors are:

- Youth
- Parents
- Law enforcement
- Schools
- Businesses
- Media
- Youth-serving organizations
- Religious and fraternal organizations
- Civic and volunteer groups
- Health care professionals
- State, local, and tribal agencies with expertise in substance misuse and/or problem gambling
- Other organizations involved in reducing substance misuse and/or problem gambling

Source: Drug-Free Communities (DFC) Program, Community Anti-Drug Coalitions of America, 2019

Additional Resources

CADCA (Community Anti-Drug Coalitions of America)

Capacity Primer: Building Membership, Structure and Leadership, CADCA

Starting a Coalition, Community Tool Box, University of Kansas

PLANNING

Step three of the Strategic Prevention Framework (SPF) helps prevention professionals form a plan for addressing priority problems and achieving prevention goals.

Strategic planning increases the effectiveness of prevention efforts by ensuring that prevention professionals select and implement the most appropriate programs and strategies for their communities. To develop a useful plan, practitioners need to:

- Prioritize risk and protective factors associated with identified prevention problems. (See Step 1: Assess Needs)
- Select effective interventions to address priority factors.
- Build a logic model that links problems, factors, interventions, and outcomes.

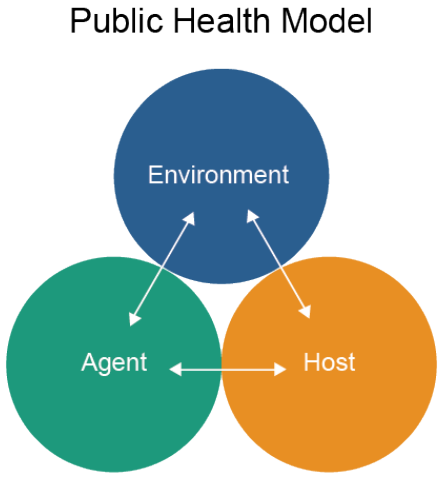
An effective prevention plan should reflect the input of key stakeholders, including community members. Collaborative planning processes are more likely to address community needs and be sustainable over time.

Source: Applying the Strategic Prevention Framework – Step 3: Plan, Substance Abuse and Mental Health Services Administration, 2018

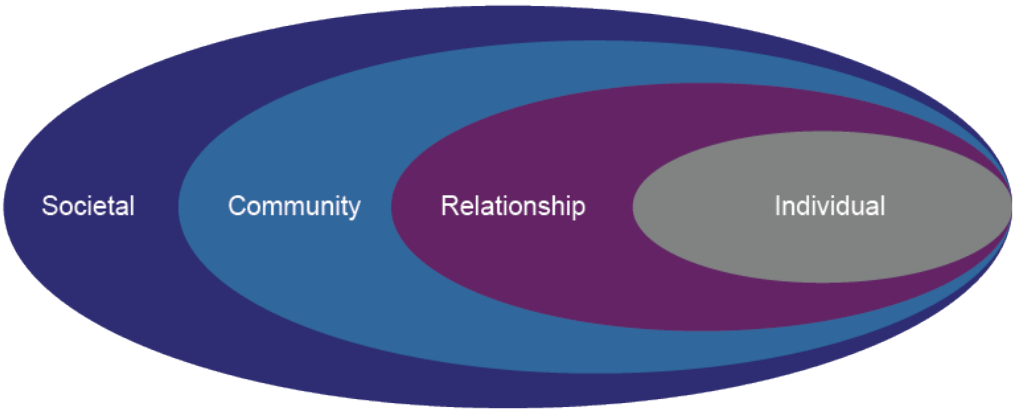
Public Health Model

There are certain model definitions and associated strategies that are helpful to consider when moving into the planning step.

The public health model embraces a comprehensive approach to community change. Instead of focusing efforts on changing individuals one at a time through prevention efforts, the public health model looks at changing the environment that surrounds those individuals.



The social-ecological model is a multi-faceted public health model grounded in the understanding that to achieve sustainable changes in behavior, prevention efforts must focus on individuals within the target population at the different levels of influence surrounding them.



This model consists of four levels of impact.

Individual: This level encompasses the knowledge, attitudes, and skills of the individuals within the target population. It is characterized by individual-level strategies. such as educational and skill-building programs, as well as county-wide media and social marketing campaigns. An example of an individual-level strategy would be a six-week program targeted toward high-risk students to improve their self-confidence and teach the skills needed for resisting drug use.

Relationship: This level includes the family, friends, and peers of individuals within the target population. These people have the ability to shape the behaviors of the individuals in the population. Strategies include enhancing social supports and social networks, as well as changing group norms and rules. An example of a relationship-level strategy would be an educational program targeted at parents of 12- to 14-year-olds to teach them how to better communicate with their children and establish rules around substance misuse and/or problem gambling.

Community/County: This level includes the unique environments in which individuals in the target population live and spend much of their time, such as schools, places of employment and worship, neighborhoods, sports teams, and volunteer groups. Strategies include changes to rules, regulations and policies within different community organizations and structures. An example of a community-level intervention would be the adoption of a drug-education policy by a local company for all new employees. An example at the school level would be creating or strengthening a Good Conduct policy as it relates to substance misuse and/or problem gambling.

Societal: This level includes the larger, macro-level factors that influence the behaviors of individuals in the target population, such as laws, policies, and social norms. Strategies include changing state and local laws, policies, and practices, as well as other initiatives designed to change social norms among the target population, such as a media campaign. An example of a societal-level intervention would be requiring health care providers to register for the Prescription Monitoring Program.

Types of Prevention Strategies

Prevention strategies typically fall into two categories: environmental and individual.

Environmental strategies target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. These strategies are found in the outer layers (or levels) of the social-ecological model.

Individual strategies target the knowledge, attitudes, and skills of individuals.

Individual Strategies	Environmental Strategies
Focus on behavior and behavior change	Focus on policy and policy change
Focus on the relationship between the individual and alcohol/drug-related problems	Focus on the social, political and economic context of alcohol/drug-related problems
Short-term focus on program development	Long-term focus on policy development
Individual generally does not participate in decision making	People gain power by acting collectively
Individual as audience	Individual as advocate

Source: The Coalition Impact: Environmental Prevention Strategies, Community Anti-Drug Coalitions of America National Community Anti-Drug Coalition Institute, 2018

The social-ecological model promotes a multi-strategy approach targeting the individual, as well as the different levels of influence surrounding them. Particular attention should be given to implementing evidence-based environmental strategies. According to the Community Anti-Drug Coalitions of America (CADCA), environmental strategies can produce widespread and lasting behavior change by making appropriate (or healthy) behaviors more achievable for the individuals in the target population. Furthermore, these strategies can result in behavior change that reduces problems for the entire county, including those outside the target population.

Environmental strategies can achieve this through changes to county policies, practices, systems, and norms. In addition, because environmental strategies require substantial commitment from various sectors of the community, long-term relationships can be established with key county stakeholders. Lastly, costs associated with environmental strategies can be considerably lower than those associated with ongoing education and services applied to individuals.

In summary, we strongly recommended using a multi-strategy approach to target the priority problems and intervening variables. As part of this multi-strategy approach, it is particularly important to choose one or more environmental strategies designed to impact the community and societal levels of the social-ecological model, as well as the individuals in the population of focus and in the identified disparate population. Failure to implement strategies at different levels of the social-ecological model will greatly decrease the likelihood of achieving long-term successes.

Particular attention should be given to the implementation of evidence-based environmental strategies.

SAMHSA's Prevention Strategies

Prevention services are intended to prevent or reduce the use and misuse of alcohol, tobacco, and other drugs and to prevent or reduce problem gambling. They are based on the six SAMHSA Primary Prevention Strategies.

IDPH-funded contractors must use the following strategies to sufficiently meet the assessed needs throughout their service area:

1. **Information Dissemination**
   This strategy provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, and misuse and addiction, as well as problem gambling and the effects on individuals, families, and communities. It also offers awareness and knowledge of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

2. **Education**
   Education involves two-way communication and interaction between the educator/facilitator and the participants. Activities are intended to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

3. **Alternatives**
   This strategy provides consultation to groups that offer opportunities for target populations to participate in activities that exclude alcohol, other drugs, gambling, etc. The purpose is to discourage substance misuse, problem gambling, or other risky behaviors.

4. **Problem Identification and Referral**
   This strategy aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in their first use of illicit drugs, as well as risky or problem gambling. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity to determine whether a person needs treatment.

5. **Community-Based Process**
   This strategy aims at building community capacity in order to more effectively provide prevention and treatment services for substance use disorders and problem gambling. Activities include organizing, planning, enhancing the efficiency and effectiveness of services, inter-agency collaboration, coalition building, and networking.

6. **Environmental**
   Environmental strategies establish or change written and unwritten community standards, codes, ordinances, and attitudes, thereby influencing the incidence and prevalence of alcohol, tobacco, and other drug use/misuse and problem gambling in the population.

Intervening Variables & Underlying Conditions

Intervening variables are the underlying factors that contribute to the problem. Intervening variables answer the question: “Why is this happening here?” Intervening variables are based on risk and protective factors for substance misuse and/or problem gambling.

Examples of intervening variables:

- Overprescribing
- Law enforcement
- Retail access
- Social access
- Individual factors
- Community norms

Underlying conditions continue to drill down the intervening variables to answer the deeper question: “But why here?” Identifying the specific conditions contributing to the problem in the community will help you match to a strategy that will have the most impact.

For example, for the intervening variable of individual factors, an underlying condition may be that 15- and 16-year-old male youth have a low perception of the risk of harm related to playing poker for money on the weekends with peers.

For the intervening variable of enforcement, an underlying condition may be that there are not enough certified Drug Recognition Enforcement officers due to limited resources for police departments.

For the intervening variable of education, an underlying condition may be that doctors are not registered with the Prescription Monitoring Program and are not checking it before prescribing opioids.

Population of Focus

A population of focus is the population who has been identified in relation to the priority problem, presumably those shown by assessment to have been impacted the most through consequences and/or consumption data.

Intervening variables may indicate that a subgroup of this population, also known as disparate populations, such as children of substance misusers or problem gamblers, may need specific attention and services to make the most change in the county.

Agents of change may also be targeted for some services. An example is key influencers of youth ages 12-25, such as parents. Agents of change may also be in a position to help contribute to the solution. These agents of change are a focus of efforts to help change the behavior of the targets of change.

Dosage and Frequency

Dosage for a strategy or intervention refers to how many in, or what percent of, the target population needs to receive the service for change on the priority or intervening variable to occur. The same dosage may not work for all strategies or similar populations. After a strategy has been selected, IDPH will provide technical assistance to discuss dosage specific to the strategy. For most environmental strategies, there is an expectation of engaging at least 50% of the target population.

Frequency is how often a strategy or intervention needs to be offered to ensure the greatest impact. For many evidence-based programs, frequency is already established, such as facilitating eight, one-hour sessions over an eight-week period. For environmental strategies, the frequency often depends on research or IDPH expectations. For instance, one TIPS training per year is very unlikely to make an impact in a community. However, training services provided quarterly or every other month offer availability and consistency for retailers to participate in training and, in return, encourages attendance.

Strategic Planning

According to SAMSHA, “Strategic planning increases the effectiveness of prevention efforts by ensuring that prevention professionals select and implement the most appropriate programs and strategies for their communities.”

Strategic planning includes several steps:

1. Set priorities.
2. Select effective interventions to address priority factors.
3. Build a logic model that links problems, factors, interventions, and outcomes.

In addition, you will also be planning for:

- Implementation success, including planned adaptations and monitoring for fidelity
- Effective dosage and frequency
- Building needed capacity and resources

SAMHSA continues, “An effective prevention plan should reflect the input of key stakeholders, including community members. Collaborative planning processes are more likely to address community needs and be sustained over time.”

Source: Applying the Strategic Prevention Framework – Step 3: Plan, Substance Abuse and Mental Health Services Administration, 2018

Selecting Programs, Practices, and Policies

When choosing an appropriate prevention intervention, it is important to select programs and strategies that are:

- **Evidence-based**
  Evidence-based interventions have documented evidence of effectiveness. The best places to find evidence-based interventions are federal registries of model programs. It’s important to note, however, that these sources are not exhaustive, and they may not include interventions appropriate for all problems and/or all populations. In these cases, look to other credible sources of information. Since states have different guidelines for what constitutes credible evidence of effectiveness, start by talking to prevention experts—including the state-level evidence-based workgroup.
- **A good conceptual fit for the community**
  An intervention has good conceptual fit if it directly addresses one or more of the priority factors driving a specific substance misuse and/or problem gambling issue and has been shown to produce positive outcomes for members of the target population in other communities. To determine the conceptual fit, ask, “Will this intervention have an impact on at least one of the community’s priority risk and protective factors?”
- **A good practical fit for the community**
  An intervention has good practical fit if it is culturally relevant for the population of focus, if the community has capacity to support it, and if it enhances or reinforces existing prevention activities. To determine the practical fit, ask, “Is this intervention appropriate for the community?”

Effective Strategies | Evidence-based Programs, Practices, and Policies

IDPH will fund primary prevention services that are evidence-based or are found to be effective through research and are considered best practice approaches. These are considered evidence-based programs/policies/practices (EBPs). IDPH contractors must plan for, select, and implement prevention strategies that are proven to create positive behavior change.

Two approval categories for evidence-based strategies are listed below. If your selection is not pre-approved, it will need to go through a more detailed approval process.

1. Pre-approved by IDPH:
   Pre-approved EBPs consist of those strategies designed to impact the Integrated Provider Network (IPN) or other grant priorities, for which strong and well-documented evidence of effectiveness is available. These EBPs have been recommended by federal agencies or national substance misuse and/or problem gambling prevention organizations and/or are strongly supported by peer-reviewed literature. The following is a list of national registries to explore when assessing evidence-based programs/policies/practices with community partners.

   Blueprints for Healthy Youth Development
   SAMHSA EBP Resource Center

2. Not pre-approved, but meets the requirements of one of the other definitions of evidence-based provided by SAMHSA:

   Definition 1: The intervention is reported (with positive effects on the primary targeted outcome) in a peer-reviewed journal

   Definition 2: The intervention has documented effectiveness supported by other sources of information and the consensus judgment of informed experts based on the following guidelines:

   - The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
   - The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
   - The intervention is supported by documentation that it has been effectively implemented multiple times in the past in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.

When selecting an evidenced-based program/policy/practice, consider how the evidence was defined, the size of the research study, what criteria were set for the specific study, the population of focus for the program, and the population of focus for the research.

Strategies that are not pre-approved can be submitted to IDPH for review through an appeal process with a panel of university and prevention research experts.

During the next two years, IDPH will be compiling a list of EBPs to be used with IDPH prevention funding. The group assisting with this process is the IDPH Evidence-Based Practice Workgroup, whose membership includes well-qualified prevention researchers who are experienced in evaluating prevention interventions, local prevention practitioners, and key community leaders as appropriate.

Feasibility & Feasibility Checklist

Feasibility means determining whether there are the right supports in place to implement a particular prevention service. These supports can include funding to implement the program as intended, support from school leadership for the program, the program meeting in the needs of the population of focus, a practitioner with the capacity to implement the program, etc.

IDPH-funded contractors will be required to use a feasibility checklist when exploring and implementing prevention services. A feasibility checklist serves as a tool to identify community support and resources around a specific substance misuse and/or problem gambling prevention activity. Using a checklist ensures that funding is dedicated towards prevention services that have community support, maximize positive behavior change, and are sustainable in the long-term.

Before planning a prevention service, reflect on the following question, “How do I know this prevention service will have a positive impact?” In order to fully respond to that question, an assessment must be conducted that asks key stakeholders to contribute their feedback on the potential strengths and weaknesses of a particular service.

IDPH will develop a feasibility checklist to be shared with contractors.

Creating Short- and Long-Term Outcomes

Short-term outcomes show progress changing the underlying conditions and intervening variables. This in turn leads to long-term outcomes that impact the priority problem.

All outcomes should be planned and written using the SMART technique described below.

- **S**pecific – Objective clearly stated, so that anyone reading it can understand what will be done and who will do it.
- **M**easurable – Objective includes how the action will be measured. Measuring objectives helps determine whether progress is being made. It keeps individuals on track and on schedule.
- **A**chievable – Objective is realistic given the realities faced in the community. Setting reasonable objectives helps set the project up for success
- **R**elevant – A relevant objective makes sense; that is, it complies with the purpose of the grant, it fits the culture and structure of the community, and it addresses the vision of the project.
- **T**ime-bound – Every objective has a specific timeline for completion.

Source: Setting Goals and Developing Specific, Measurable, Achievable, Relevant, and Time-Bound Objectives, Substance Abuse and Mental Health Services Administration, 2018

Examples of SMART Outcomes:

Short-Term Outcome: By April 30, 2020, increase training of alcohol retailers by 85% as evidenced by TIPS training of 25 on-premise retailers between July through April 2020, according to TIPS attendance records.

Long-Term Outcome*:* By June 30, 2023, reduce underage drinking rates by 5% as evidenced by a 5% decrease in 30-day use by any county eighth-graders, according to question B16 of the Iowa Youth Survey.

Creating a Strategic Plan

IDPH will provide a template that can be used to create a strategic plan specific to every project. This strategic plan is a summary that articulates the theory of change for the priority problem and provides both narrative and visual representation (in the form of a logic model) that connects the dots for stakeholders. It should outline how data-driven decisions were made, how intervening variables were prioritized, and strategies selected, and how implementation and evaluation were successfully undertaken.

The strategic plan should:

- Help articulate the theory of change
- Check assumptions and logic when moving from assessment and capacity building to planning and implementation—ensuring that the strategies, programs, and practices implemented will have the greatest impact
- Ensure clear communication and collaboration with stakeholders who are participating in, and making planning decisions for, the project
- Provide a concise summary for stakeholders, decision makers, and other community members to explain the project, plans, and expected outcomes

By creating a clear and concise document, you can use the plan as a tool to increase support and action when moving into the implementation phase, as well as to build a solid foundation for sustainability planning.

Creating a Logic Model

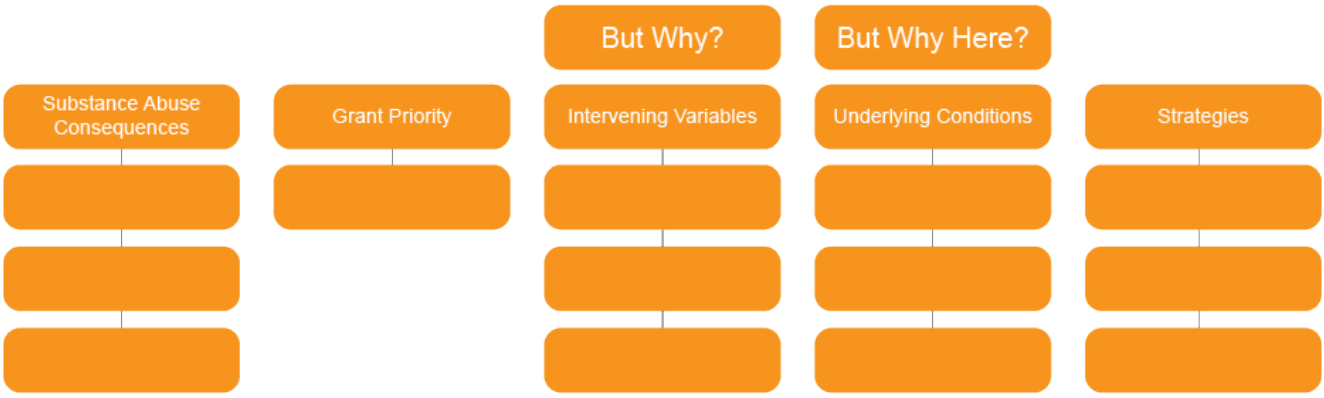
A logic model is a visual tool that shows the logic, or rationale, behind a program or process. The logic model template that IDPH uses shows how all the related planning pieces are connected: consumption and consequence data, priority problem, intervening variables, underlying conditions, and outcomes.

According to SAMHSA, logic models can help:

- Explain why a program or intervention will succeed. By clearly laying out the tasks of development, implementation, and evaluation, a logic model can help explain what is to be done and why.
- Identify gaps in reasoning. A logic model helps identify those gaps or places where assumptions might be off track. The sooner mistakes are discovered, the easier they are to correct.
- Make evaluation and reporting easier. A logic model shows clear, explicit, and measurable intended outcomes.

Source: Applying the Strategic Prevention Framework – Step 3: Plan, Substance Abuse and Mental Health Services Administration, 2018

IDPH will provide a logic model template for each specific prevention project. The format may vary but will include the components in the following example:



Creating an Action Plan

An action plan takes the logic model and breaks it into smaller, actionable steps. Action plans should include steps for:

- Building capacity
- Carrying out implementation tasks
- Ensuring fidelity
- Planning for sustainability
- Media advocacy

Find a balance for the number of action steps—not too many and not too few. The connection between each step and how it leads to the short-term outcome, which in turn leads to reaching long-term outcomes, should be easily articulated.

Consider the following examples:

Short-term objective: By May 30, 2019, 80% of Anytown Middle School students (80 of 100) will demonstrate they have maintained or increased their perception of harm of underage alcohol use as measured by pre- and post-test question 4, according to program documentation.

Proposed action step: Submit three press releases.
Problem with proposed action step: Action step does not show a clear connection with reaching the short and long-term outcomes.

Better action step: Utilize three media formats to reach middle school parents with messages that reinforce messages taught through Life Skills.

Action plans should also include specific time frames, the location(s) where services will occur, indicators to identify whether the plan is on track, and necessary resources and people responsible for each step.

Communication Strategies

According to SAMHSA, "Messages communicated through the media influence how the public thinks and behaves. Communications strategies—public education, social marketing, media advocacy, and media literacy—can be used to influence community norms, increase public awareness, and attract community support for a variety of prevention issues."

Source: Prevention Approaches, Substance Abuse and Mental Health Services Administration, 2018

Media communication can, and should, be leveraged to:

- Raise the awareness of the community on the priority issue and spur them to get involved.
- Reach the target audience, disparate populations, and necessary stakeholders and gatekeepers with messages and actionable items.

Plain Language

It is important to share public health information in an accessible and understandable way. Use plain language when creating media messages.

The CDC suggests the following:

- **Keep it short.**
- **Communicate as if talking to a friend.**
- **Respect and value the audience.**
- **Use an encouraging tone.**
- **Limit jargon.**
- **Use analogies.**
- **Avoid unnecessary abbreviations and acronyms.**
- **Limit statistics: Use words like “most”, “many,” and “half.”**

According to the U.S. Department of Health and Human Services, “Plain language is “communication that users can understand the first time they read or hear it. With reasonable time and effort, a plain language document is one in which people can find what they need, understand what they find, and act appropriately on that understanding.”

Source: Plain Language: A Promising Strategy for Clearly Communicating Health Information and Improving Health Literacy, U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion, 2018

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- Use an encouraging tone.
- Limit jargon.
- Use analogies.
- Avoid unnecessary abbreviations and acronyms.
- Limit statistics: Use words like “most,” “many,” and “half.”

Source: Simply Put, U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2018

Media Advocacy through Strategy Implementation

IDPH expectations for the use of media advocacy include but are not limited to: op-eds, letters to the editor, press releases, social media, newspaper articles, etc. Media advocacy should be connected to educating the county residents about the progress of each strategy in simple terms and promote opportunities for community engagement and involvement where appropriate.

IDPH Health Promotion Campaigns

IDPH-funded prevention contractors are required to use IDPH-created media campaigns and disseminate them in ways to best reach the target of change with an appropriate dosage. Currently, IDPH has campaigns focused on the following topics:

Alcohol

- What Do You Throw Away – Underage Drinking
- Stay Classy – Young Adult Binge Drinking
- What Changes You – Adult Binge Drinking

Prescription Drugs

- Prescription Drugs Are Still Drugs – Youth Prescription Drug Misuse

Gambling

- 1-800-BETS-OFF – Adult Problem Gambling

Opioids

- Adult Opioid Use
- Women Opioid Use

Methamphetamines

- Methamphetamine in Iowa

Suicide Prevention

- Your Life Iowa – Suicide Prevention, Treatment and Resources for All Ages

IDPH recognizes the value of working with community stakeholders to create media campaigns focused on substance misuse and/or problem gambling prevention messages. While this collaboration is important, IDPH-funded contractors are expected to use media campaigns and/or media campaign materials that are shown to be effective with the population of focus. All media campaigns must receive IDPH approval before implementation.

Media Campaign Planning and Implementation

A considerable amount of planning needs to occur before implementing any media campaign. Thoughtful implementation is key to a successful campaign. IDPH prevention standards for media campaign planning and implementation include the following:

Media Planning Standards

- Secure support and/or participation from those community sectors that are responsible for providing access to the population of focus.
- Collect baseline survey data from a representative sample of the target audience.
- Baseline data cannot be more than two years old during planning or implementation.
- Identify media campaign distribution sources that are popular and credible with the population of focus.
- Develop a written marketing plan for the implementation phase that includes:
    - All message/material distribution sources: ads, posters, billboards, social media, presentations, etc.
    - Estimated distribution/delivery dates
- Ensure distribution of the media campaign.
- Gather feedback on campaign placement from a representative sample of the population of focus during both the planning and implementation phases (e.g., focus groups, surveying, etc.).

Media Implementation Standards

- Implement the campaign for a minimum of nine consecutive months.
- Disseminate campaign materials using a minimum of three media distribution sources. (This cannot include three different media campaign items, such as three types of posters.)
- Distribute messages through sources that are popular and credible with the population of focus.
- Release new types of campaign materials, consistent with project objective(s), at least once every six weeks.
- Collect survey data at least once every two years during the implementation phase of the campaign to help you refine the campaign messages and measure progress toward achieving the campaign objective(s).

Reaching the Appropriate Population of Focus

The *targets of change* include all the people who experience (or are at risk for) the issue or problem addressed through contractor services. Not all strategies need to impact the entire target population.

The *agents of change* are those in a position to help contribute to the solution. Examples include teens, teachers, guidance counselors, parents, lawmakers, retailers, and law enforcement.

Media Articles, Agency-created Materials, and Websites

All media articles (press releases, letters to the editor, newsletter articles, etc.), materials created by contractors, or electronic communications funded by IDPH prevention grants need to follow this process:

1. Include the IDPH-prevention grant title in all articles.
2. Include the following statement in all articles, materials, and electronic communications:
    - "[prevention agency name receiving funding]'s project is funded through the (include specific grant title), Iowa Department of Public Health, through the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services."

IMPLEMENTATION

During implementation, prevention professionals put their strategic prevention plans into action by delivering their selected, evidence-based interventions.

According to SAMHSA, when preparing to implement your selected prevention interventions, it is important to consider issues of **fidelity** and **adaptation**.

Fidelity describes the degree to which a program or practice is implemented as intended.

Adaptation describes how much, and in what ways, a program or practice is changed to meet local circumstances.

Evidence-based programs are defined as such because they consistently achieve positive outcomes. The greater fidelity to the original program design, the more likely positive results will be reproduced. Customizing a program to better reflect the attitudes, beliefs, experiences, and values of the focus population can increase its cultural relevance. However, it is important to keep in mind that such adaptations may compromise program effectiveness.

Remaining faithful to the original evidence-based design while addressing the unique needs and characteristics of the population of focus requires balancing fidelity and adaptation. When interventions are changed, outcomes can be compromised. However, implementing a program that requires some adaptation may be more efficient and cost-effective than designing a program from scratch.

It is important to maintain fidelity to not only a chosen program, policy, or practice, but also to a planning model such as the Strategic Prevention Framework (SPF) and its five phases. That is, to meet the goals of grants of increased prevention capacity and decreased substance misuse and/or problem gambling, a community must systematically step through each phase of the Framework, always with an eye toward sustainability and cultural competency. Incomplete or missing activities within each phase compromise the success of the endeavor.

However, adaptation to the local needs and priorities is important for stakeholder buy-in and programmatic success. Too much adaptation may degrade the intent of the program, policy, or practice so much that success is out of reach. The best results occur when program fidelity is maintained with regard to the core

components. However, if the program is not completely relevant or a perfect fit to community needs, then rigid adherence to the program implementation plan may not produce positive outcomes.

Balancing Fidelity and Adaptation

Striking a balance between fidelity and adaptation is crucial. This balancing act is a dynamic process, often evolving over time. The ideal balance involves retaining elements of the program that analysis shows are most likely to account for its positive outcomes and adapting non-critical elements. At a minimum, contractors must adhere to the following guidelines:

Guidelines for Balancing Fidelity and Adaptation

1. Identify and understand the theory base behind the program.
2. Locate or conduct a core components analysis of the program.
3. Assess fidelity/adaptation concerns for the implementation site.
4. Consult as needed with a program developer or TA provider.
5. Consult with the organization and/or community where the implementation will take place.
6. Develop an overall implementation plan based on these inputs (create a logic model).

Here are some additional guidelines to consider when balancing fidelity and adaptation.

Retain core components: Evidence-based programs are more likely to be effective when their core components (that is, those elements responsible for producing positive outcomes) are maintained. Core components are like the key ingredients in a cookie recipe. Bakers may be able to omit the nuts, but if they leave out the flour, the recipe won't work. Here are some general guidelines for maintaining core components:

- Preserve the setting, as well as the number and length of sessions.
- Preserve key program content: It's safer to add rather than subtract content.
- Add new content with care: Consider program guidance and prevention research.

Build capacity before changing the program: Rather than changing a program to fit with local conditions, consider ways to develop the resources or build local readiness so the program is delivered as it was originally designed.

Adapt with care: Even when interventions are selected with great care, there may be ways to improve a program's appropriateness for a unique focus population. Cultural adaptation refers to program modifications that are tailored to the values, attitudes, beliefs, and experiences of the target audience. To make an intervention more culturally appropriate, it is crucial to consider the language, values, attitudes, beliefs, and experiences of focus population members. Learn more about cultural competence from SAMHSA.

If adapting, consult experts first: Experts can include the program developer, an environmental strategies specialist, or an evaluator. They may be able to explain how the intervention has been adapted in the past and how well (or not) those adaptations worked. For cultural adaptations, cultural leaders and members of the focus population should be consulted.

Feasibility Checklist

IDPH-funded contractors will be required to use a feasibility checklist when providing prevention services. Feasibility checklists help prevention professionals ensure that the service in on track to reach the intended outcomes.

Before implementing a prevention service, contractors need to decide how to monitor fidelity, how often, and who will be responsible for collecting and reporting the information. For services being facilitated by a professional outside of the contracted agency, this plan needs to be created in partnership with the individual(s), so everyone agrees on and understands the monitoring process.

At a minimum, fidelity will need to be checked in the following ways:

- Review the core components of any program, practice, or policy.
- Complete a detailed assessment of any adaptations (planned or unplanned).
- Record detailed information, such as attendees, contractors, community, setting, evaluation, and sustainability.

IDPH will develop a feasibility checklist to be shared with contractors.

Establish Implementation Supports

Many factors combine to influence the implementation and support the success of prevention interventions, including the following:

Favorable prevention history: An individual or organization with positive experiences implementing prevention interventions in the past will likely be more ready, willing, and able to support a new intervention. If an individual or organization has had a negative experience with—or does not fully understand the potential of—a prevention intervention, then it is important to address these concerns early in the implementation process.

On-site leadership and administrative support: Prevention interventions assume many different forms and are implemented in a variety of settings. To be effective, interventions require leadership and support from key stakeholders.

Practitioner selection: When selecting the best candidate to deliver a prevention intervention, consider professional qualifications and experiences, practical skills, and their fit with the focus population.

Practitioner training and support: Pre- and in-service trainings can help practitioners responsible for implementing an intervention understand how and why the intervention works, practice new skills, and receive constructive feedback. Since most skills are learned on the job, it is also very helpful to connect the practitioners with a coach or professional mentor who can provide ongoing support.

Program evaluation: By closely monitoring and evaluating the delivery of an intervention, the practitioners can make sure that it is being implemented as intended and improve it as needed. By assessing program outcomes, they can determine whether the intervention is working as intended and worthy of sustaining over time.

When prevention practitioners promote both fidelity and cultural relevance and anticipate and support the many factors that influence implementation, their efforts go a long way toward producing positive outcomes. But to sustain these outcomes over time, it is important to get others involved and invested in

the prevention interventions. Find concrete and meaningful ways for people to get involved, keep cultural and public opinion leaders well-informed, and get the word out to the broader community through media and other publicity efforts.

Source: Applying the Strategic Prevention Framework – Step 4: Implement, Substance Abuse and Mental Health Services Administration, 2018

EVALUATION

According to SAMHSA, "Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes. The evaluation step of the Strategic Prevention Framework (SPF) is not just about collecting information but using that information to improve the effectiveness of a prevention program. After evaluation, planners may decide whether to continue the program.

"Prevention practitioners need to evaluate how well the program was delivered and how successful it was in achieving the expected outcomes. Once the program has been evaluated, prevention planners typically report evaluation results to stakeholders, who can include community members and lawmakers. Stakeholders can promote their program, increase public interest, and possibly help to secure additional funding."

Source: Applying the Strategic Prevention Framework – Step 5: Evaluate, Substance Abuse and Mental Health Services Administration, 2018

Evaluation is a process, not a discrete task or one-time event. Planning for evaluation should be ongoing and involve key stakeholders, especially those with specific skills needed to plan, conduct, and interpret evaluation, as well as members of the target population and any disparate populations.

CADCA has outlined five essential functions of evaluation:

Improvement: The first, and most important, function of information gathered by a coalition evaluation is improvement. Volunteers, leaders, and supporters should get better at the work of community problem-solving because of what they learn from the evaluation.

Coordination: Coalitions are made up of many partners working on different parts of an overall response to community problems. Keeping these partners and activities pointing in the same direction can be difficult unless the evaluation fosters coordination. Members should know what others are doing, how this work fits with their own actions and goals, and what opportunities exist for working together in the future.

Accountability: Volunteers want to know if their time and creativity make a difference. Funders want to learn how their money factors into community improvements. Everyone involved in coalition work wants to see positive outcomes. A good evaluation allows the coalition to describe its contribution to important population-level change.

Celebration: A stated aim of any evaluation process should be to collect information that allows the coalition to celebrate genuine accomplishments. The path to reducing substance misuse and problem gambling at the community level is not easy. Regular celebration of progress is needed to keep everyone motivated and encouraged in the face of difficult work.

Sustainability: The path to reduced substance misuse or problem gambling behavior can be long, often requiring years of hard work to see movement in population-level indicators. Likewise, new community problems emerge, requiring renewed response. Evaluation should help a coalition stay in the game long enough to make a difference by sharing information with key stakeholders and actively reinforcing their continued support.

Source: Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation, Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute

IDPH will provide programs with specific project guidance related to evaluation. According to The Community Tool Box from the University of Kansas, it's important to consider these questions:

- What will be evaluated?
- What criteria will be used to judge program performance?
- What standards of performance must be reached for the program to be considered successful?
- What evidence will indicate performance on the criteria relative to the standards?
- What conclusions about program performance are justified based on the available evidence?

Source: Community Tool Box, Center for Community Health and Development, University of Kansas

A Framework for Program Evaluation

Program evaluation offers a way to understand and improve community health and development practices through useful, feasible, proper, and accurate methods. This framework from the University of Kansas's Community Tool Box is a practical, non-prescriptive tool that summarizes in a logical order the important elements of program evaluation.

The framework contains two related dimensions:

- Steps in evaluation practice
- Standards for good evaluation

The six connected steps of the framework should be a part of any evaluation. Although the steps may be completed out of order, it usually makes sense to follow them in the recommended sequence. That's because earlier steps provide the foundation for subsequent progress. Decisions about how to carry out a given step should not be finalized until previous steps have been thoroughly addressed.

However, these steps are meant to be adaptable, not rigid. Sensitivity to each program's unique context (for example, the program's history and organizational climate) is essential for sound evaluation. They are intended to serve as starting points around which community organizations can tailor an evaluation to best meet their needs.

The Six Steps:

1. Engage stakeholders.
2. Describe the program.
3. Focus the evaluation design.
4. Gather credible evidence.
5. Justify conclusions.
6. Ensure use and share lessons learned.

Understanding and adhering to these basic steps will improve most evaluation efforts.

The second part of the framework is a basic set of standards to assess the quality of evaluation activities. There are 30 specific standards, organized into the following four groups:

- Utility
- Feasibility
- Propriety
- Accuracy

These standards help answer the question: "Will this be a good evaluation?" They are recommended as the initial criteria by which to judge the quality of the program evaluation efforts.

Source: A Framework for Program Evaluation: A Gateway to Tools, Community Tool Box, University of Kansas

Evaluation can also be a strong influencer for sustainability. According to CADCA:

“Evaluation plays a central role in sustaining your coalition’s work. Evaluation enables you to take key pieces of data and analyze and organize them, so you have accurate, usable information. This process facilitates development of the best plan possible for the community and allows your group to accurately share its story and results with key stakeholders. It also can help members and staff track and understand community trends that may have an impact on your coalition’s ability to sustain its work.”

Source: Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation, Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute, 2018

Additional Resources

Evaluation Tools and Resources, SAMHSA’s Center for the Application of Prevention Technologies

Tools for Evaluation, Community Tool Box, University of Kansas

SUSTAINABILITY

During this step, prevention practitioners ensure the sustainability of prevention outcomes by building stakeholder support for the program, showing and sharing results, and obtaining steady funding.

The sustainability of prevention outcomes is often seen as the culmination of program planning and implementation. However, that assumption will place your program at a disadvantage. Effective programs plan for sustainability from the beginning of program design. Sustainability should be revisited and revised throughout the life of a program.

The ultimate goal is to sustain prevention outcomes, not programs. Programs that produce positive outcomes should be continued. Programs that are ineffective should not be sustained.

Key activities involved in ensuring sustainability involve building support, showing results, and obtaining continued funding. All these activities require time, people, and ongoing planning and evaluation.

Additionally, SAMHSA's Strategic Prevention Framework (SPF) emphasizes sustaining the prevention process itself, recognizing that practitioners will return to each step of the process, again and again, as communities face evolving problems.

Sustainability should be revisited and revised throughout the life of a program.

Source: Applying the Strategic Prevention Framework: Sustainability, Substance Abuse and Mental Health Services Administration, 2018

Crosswalk of SPF Steps with Sustainability Milestones and Skills

The following pages outline the crosswalk that identifies tasks commonly associated with each step of SAMHSA's Strategic Prevention Framework (SPF) and aligns them with sustainability milestones and contractor skills needed to meet these milestones. This helps determine capacity-building needs within communities/counties implementing the SPF process.

Step 1: Needs Assessment

Gather and assess data from a variety of sources to ensure that substance misuse and/or problem gambling prevention efforts are appropriate and targeted to the needs of communities/counties.

Tasks	Sustainability Milestones	Skills Needed
Develop a profile of consumption patterns and related problems and consequences. Provide demographic context, including geographic and target population differences. Identify intervening variables and underlying conditions.	Key stakeholders are engaged. Data sharing agreements are formalized. County substance misuse and/or problem gambling problems are prioritized.	Identify and engage key stakeholders. Conduct key informant interviews. Build collaborative relationships, including the development of effective initial MOA/MOUs.
Conduct community capacity assessment by appraising community readiness and identifying prevention resources and gaps in services/capacity.	Use readiness data in the selection of prevention priorities. Identify service and capacity gaps.	Analyze community readiness data and create a plan to increase community readiness. Plan for prevention workforce development.
Conduct and document a county needs assessment.	Reach a countywide consensus on prevention priorities.	Communicate prevention priorities to a broad group of stakeholders.

Step 2: Capacity Building

Identify resources and determine readiness for addressing substance misuse and/or problem gambling in communities.

Tasks	Sustainability Milestones	Skills Needed
Develop prevention workforce knowledge, skills, and competencies.	Identify internal coalition or agency staff capacity needs.	Plan for long-term internal and external capacity needs. (Cultural issues are considered for the capacity-building plan.)
Ensure current and ongoing current knowledge of culturally relevant issues and programs.	Consider broader community capacity needs in the creation of a capacity building plan.	Identify cultural issues in the county and incorporate them into a capacity-building plan
Build community-based capacity in prevention (e.g., Boys and Girls Clubs). Build and/or enhance local prevention infrastructure.	Engage the community in creating sustainable prevention efforts.	Create a working group to focus on sustainability.
Analyze readiness data while assessing community needs.	Factor in the needs of groups with varying levels of readiness.	Assess community readiness. Identify actions or strategies to advance readiness.
Develop and enhance data systems.	Collect data and identify gaps.	Identify data gaps and plan for data collection and analyses.

Step 3: Planning

Using capacity- and needs-assessment findings, develop a prevention plan by prioritizing intervening variables and underlying conditions and building related logic models and action plans.

Tasks	Sustainability Milestones	Skills Needed
Select priorities using a clear and transparent process, Incorporate assessment results into strategic plan. Develop a logic model that demonstrates the intervening variables/underlying conditions that are well-aligned with the selected evidence-based programs. Develop an action plan that focuses on the strategy services to be provided. Identify multiple methods and measures for monitoring and measuring process/outcomes.	Clarify priorities and link key factors and conditions. Reassess and address capacity needs for implementing the proposed strategies.	Identify specific individual and environmental strategies and the intervening variables/underlying conditions they can address.
Select strategies based on levels of evidence, as well as the practical and conceptual fit.	Identify key partners or settings for the implementation of specific strategies.	Negotiate/renegotiate working agreements with key partners.
Assess the current fiscal situation.	Begin business planning.	Create and maintain a business plan.

Step 4: Implementation

Develop action plans to implement your chosen prevention intervention.

Tasks	Sustainability Milestones	Skills Needed
Implement logic model/action plan.	Build community and stakeholder capacity to understand and support your selected strategies.	Use the logic model as a key driver in strategy implementation.
Collect and analyze measures throughout implementation.		
Document evidence of incremental continuous quality improvement (CQI) and strategy fidelity.	Continuously develop and improve on the prevention infrastructure.	Link logic models to key implementation partners and key sustainability stakeholders.
Provide training and coaching for prevention staff.		
Develop a media advocacy plan.	Begin to report on process and intermediate outcomes.	Communicate process and intermediate outcomes.
	Formalize relationships with key partners.	Formalize relationships, i.e. moving from MOAs to contracts.

Step 5: Evaluation

Quantify the challenges and successes of implementing a prevention program.

Tasks	Sustainability Milestones	Skills Needed
Identify key evaluation questions.	Develop evaluation plan. Continuously engage in collaborative monitoring of the outcomes with project staff. Recollect and analyze baseline data. Include long-term outcomes in evaluation data reporting plans.	Engage in evaluation planning. Manage an evaluator. Analyze data. Review activities, outputs, and process measures against core component and fidelity guides to demonstrate reasonable alignment with outcomes or explain the lack thereof.
Revisit baseline data from the needs assessment and process and outcome data.		
Use fidelity data and describe quality improvements.		
Build evaluation capacity.		
Implement media advocacy plan.	Report on outputs and increases in intermediate outcomes.	Communicate evaluation results with stakeholders.

Source: Assessing the Fidelity of Implementation of the Strategic Prevention Framework in SPF SIG-funded Communities: Users Guide and Fidelity Assessment Rubrics (Version 2), Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008

Building Capacity for Sustainability

Communities must build capacity at three levels to sustain a prevention effort:

1. **At the coalition level.** to the coalition must be strong enough to effectively identify and prioritize populations whose substance misuse and/or problem gambling is contributing to community problems.
2. **Among community agencies.** The capacity of community agencies must be strengthened and expanded with a prevention-oriented operating mission. This will help agencies to understand and leverage their resources to effectively address factors among populations that contribute to substance misuse and/or problem gambling issues and/or their consequences.
3. **Among community members.** The community's capacity to understand the role and impact of substance misuse and/or problem gambling on community problems is critical to prevention planning efforts. Community members must support coalition efforts to strengthen the community's prevention system so that it employs strategies (programs, policies, and practices) that will most likely influence population-level consumption patterns and reduce resulting problems.

To build these capacities, communities, through their coalitions, must have the ability to:

- Ensure the effectiveness and alignment of the prevention system. The coalition, with the community agencies whose services contribute to prevention outcomes, must assess the prevention strategies supported by the community prevention system and ensure that:
    - Prevention strategies align logically and reach an appropriate number of the targeted population to achieve reductions in the substance misuse and/or problem gambling behavior targeted based on a local data-driven needs assessment
    - Agencies whose services contribute to strategic prevention outcomes regularly document the implementation process, including implementation fidelity, adaptations, and quality, and use this information for quality improvement
    - Contributing agencies regularly document, demonstrate, and communicate the accomplishment of intended outcomes
- Ensure organizations' ability to support the community prevention system through a strategic planning process that helps achieve targeted changes in substance misuse and/or problem gambling behaviors and related consequences at the population level. The coalition must determine that the agencies that are implementing the preventive interventions have the capacity to sustain the effort. The coalition, as the steward of the community's prevention system, ensures that organizations have the capacities needed to participate fully within the coalition and the community prevention system, including:
    - Administrative structures and linkages that support the efforts of the community's coalition to strategically integrate the skills and capacities of community organizations to achieve targeted reductions in substance misuse and/or problem gambling behaviors and consequences
    - Administrative policies and procedures that permit community organizations to respond as data indicates to changes in community conditions
    - Administrative structures within prevention-focused community organizations that support staff or contracted partners to ensure the community has the expertise needed to plan for and carry out prevention strategies that will achieve the expected outcomes
    - The organization has multiple funding sources that support efforts in these areas

The coalition must assure that the community can sustain the prevention system and its impacts by working to:

- Cultivate community support for the prevention system and its outcomes. The community coalition must assure it attains broad community support for its outcomes through:
    - Ongoing, dynamic interactive communication with key stakeholders and community leaders
    - Cultivating stakeholders as leaders and champions who support the coalition
    - Awareness and support for the coalition and its strategy by community members who integrate concern for substance misuse and/or problem gambling issues into their professional, social, or personal considerations

Source: Planning for Sustainability, Substance Abuse and Mental Health Services Administration, 2018

One key to planning for sustainability is to create formal plans and linkages. IDPH will provide specific guidance and templates for each specific project, including sustainability plan guidance and MOU templates.

Additional Resources

Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities, CADCA

Chapter 46, Planning for Sustainability, Community Tool Box, University of Kanas

Sustainability, Massachusetts Technical Partnership for Prevention

CULTURAL COMPETENCE

According to SAMHSA, "Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. Culture must be considered at every step of the Strategic Prevention Framework (SPF). 'Culture' is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as:

- Age
- Gender
- Sexual orientation
- Disability
- Religion
- Income level
- Education
- Geographical location
- Profession

Cultural competence means to be respectful and responsive to the health beliefs and practices – and cultural and linguistic needs – of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum."

Source: Applying the Strategic Prevention Framework – Cultural Competence, Substance Abuse and Mental Health Services Administration, 2018

SAMHSA's Center for Substance Abuse Prevention (CSAP) has identified the following principles of cultural competence:

- Ensure community involvement in all areas.
- Use a population-based definition of community. (Let the community define itself.)
- Stress the importance of relevant, culturally-appropriate prevention approaches.
- Employ culturally competent evaluators.
- Promote cultural competence among program staff who reflect the community they serve.
- Include the target population in all aspects of prevention planning.

Skills for Cultural Competency

SAMHSA's Center for the Application of Prevention Technologies further identified these skills.

When applying the five steps of SAMHSA's Strategic Prevention Framework (SPF), culturally competent prevention professionals are able to do the following:

Assess Needs

- Accurately assess the influence of their own values, perceptions, opinions, knowledge, and social position on their interactions with others.
- Provide and promote an atmosphere in which similarities and differences can be explored and understand that this process is not only cognitive but inclusive of attitudes and emotions, as well.

Build Capacity

- Learn to be an ally to groups that experience prejudice and discrimination in the community, as well as help others learn to be an ally to their own cultural groups.
- Help expand other people's knowledge of their own culture and affirm and legitimize other people's cultural perspectives.

Plan

- Learn to embrace new, ambiguous, and unpredictable situations, and be persistent in keeping communication lines open when misunderstandings arise.
- Encourage community members to see themselves in a multicultural perspective and promote the growth of skills in cross-cultural interactions and communication.

Implement

- Encourage and accommodate a variety of learning and participation styles, building on community members' strengths.
- Draw upon the experiences of participants or collaborators to include diverse perspectives in any given intervention.

Evaluation

- Be skeptical about the validity of diagnostic tools applied to people who are culturally different from those upon whom the norms were based.
- Understand, believe, and convey that there are no culturally deprived or culturally neutral individuals or groups, and that all cultures have their own integrity, validity, and coherence and deserve respect.

Source: Skills for Cultural Competency, Substance Abuse and Mental Health Services Administration, 2018

The National CLAS Standards

Health equity is the attainment of the highest level of health for all people. Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health. These are the conditions in which individuals are born, grow, live, work, and age, such as socioeconomic status, education level, and the availability of health services. Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve health care quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

Principal Standard:

- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce Standards:

- Advance and sustain organizational governance and leadership that promote CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance Standards:

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability Standards:

- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality-improvement activities.
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Source: "National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care", U.S. Department of Health and Human Services Office of Minority Health, 2018

Additional Resources

Tools from the CAPT: Increasing Cultural Competence to Reduce Behavioral Health Disparities, SAMHSA's Center for the Application of Prevention Technologies

Applying the Strategic Prevention Framework and HHS Disparity Impact Measurement Framework to Address Behavioral Health Disparities, SAMHSA's Center for the Application of Prevention Technologies

National Culturally and Linguistically Appropriate Services Standards, U.S. Department of Health and Human Services

Understanding Cultural Conditions, SAMSHA's Center for the Application of Prevention Technologies

Resources on Health Literacy

Health Literacy Online: A Guide for Simplifying the User Experience, Office of Disease Prevention and Health Promotion

Everyday Words for Public Health Communication, Centers for Disease Control and Prevention

CDC Clear Communication Index, Centers for Disease Control and Prevention

Resources on Culturally Appropriate Organizations

Applying the Strategic Prevention Framework: Cultural Competence, SAMSHA's Center for the Application of Prevention Technologies

Elements of a Culturally Competent Prevention System, SAMSHA's Center for the Application of Prevention Technologies

Skills for Culturally Competent Prevention Professionals, SAMSHA's Center for the Application of Prevention Technologies

IDPH Prevention Guidance

CORRESPONDENCE AND IOWAGRANTS.GOV

IowaGrants.gov is the Iowa Department of Public Health–approved web-based system used to communicate contract-related items. All IDPH documents will be posted through this site. It is expected that IDPH-funded contractors use the correspondence section of IowaGrants.gov for any questions related to personnel, budgets, progress reports, or other contract-related items. For questions not related to contracts, please feel free to contact an IDPH representative by email or phone.

When communicating through the correspondence section of IowaGrants.gov, please be sure to include your first and last name to clearly indicate who is making contract-related requests, as well as the IDPH grant title.

PREVENTION REPORTING REQUIREMENTS

Iowa Department of Public Health-funded agencies are expected to complete progress reports to document prevention efforts that took place during a specified reporting period. Progress reports are completed on a quarterly basis, as well as one final cumulative report that outlines whether outcomes were successfully achieved during a contract period. Progress reports also capture lessons learned.

Progress reports are available at IowaGrants.gov and are assigned at the beginning of each fiscal year. Contracted agencies are responsible for completing the reports in their entirety and submitting on or before the established due date. Progress reports that are not submitted through IowaGrants.gov by the specified due date will be considered late.

At times, the Iowa Department of Public Health receives requests for information related to prevention services that are taking place throughout Iowa. Thus, progress reports are an opportunity for contracted agencies to highlight the level of effort that was expended each quarter toward the completion of the IDPH-approved short-term and long-term outcomes. It is important to include specific details in the report to clearly show the impact taking place throughout the entire service area.

Below are some helpful hints when completing the progress report:

- Address all services listed in an activity in the narrative update.
- Include the total number of implementations that occurred, the number of people served, and any outcome data that may have been obtained.
- Do not use acronyms or N/A. (If no service occurred during the quarter, please explain why.)
- If the activity was completed in a previous quarter, note in the narrative when the service occurred.
- If the progress report has pre-determined character limits, words may be abbreviated if they would be universally understood. (Example: mtg vs. meeting)
- If information is noted in another section, it is okay to reference the section rather than rewriting the information.

For additional guidance on progress reports, please see Appendix B: Progress Report Guidance Document.

DATA COLLECTION, SURVEYING, AND QUALTRICS

According to the IDPH Substance Use and Problem Gambling Services Integrated Provider Network Request for Proposal, prevention services must be clearly and accurately documented in contractor records, the grant tracking system, and IDPH data systems. IDPH requires periodic reporting of contractors' compliance with their proposed work plan, provision of services, and incurred expenses.

A contractor must document the provision of prevention services in order to support contractor billing and reporting and IDPH monitoring. Contractors should specifically document use of the IOM classifications, the SPF steps, and the SAMHSA Prevention Services Categories.

The Department has systems in place for the collection of data. A contractor should report certain information and data as outlined below.

- **Iowa Services Management and Report Tool (I-SMART) Prevention System**: Used to report all substance misuse and/or problem gambling services.
- **Qualtrics:** Used to report pre- and post-survey results from the IDPH Prevention Survey tool. This survey should be used with all multi-session programming with children, youth, and adults.

CONTRACT MONITORING

This content to come from IDPH soon.

DISTRIBUTORS AND COMPANIES

While distributors and companies selling a variety of substances may be stakeholders in the community that are engaged as part of the assessment, capacity, or planning process, IDPH-funded prevention contractors cannot partner with these distributors or companies to offer, host, or provide materials for any program or strategy funded by IDPH. This type of partnership could be established as a part of a sustainability process.

ADVOCACY VS. LOBBYING

As agents of change in the community, it is important to provide information on the facts surrounding a particular prevention topic. To successfully communicate prevention messages, it is imperative to understand the difference between advocacy versus lobbying.

Lobbying is when a prevention specialist takes a position on legislation and publicly advocates for it in their role as a prevention professional representing a federally funded program or entity (e.g. coalitions and school districts). This is NOT allowed for public employees or for programs funded with federal dollars.

Advocacy is when a prevention specialist informs the community of a particular prevention topic using facts and an unbiased opinion.

Please note, this does not mean that an individual cannot speak out against a specific piece of legislation on their personal time; however, it is advised that prevention specialists communicate within their agencies regarding the boundaries surrounding this topic.

UNALLOWABLE COSTS AND SERVICES

The following lists unallowable costs and services under the Block Grant. This list is intended to help IDPH-funded agencies as they plan for and develop their prevention work plans. It should help guide efforts to increase community-based behavior change by using effective strategies and services.

Unallowable Services:

- **Chaperoning/volunteering at alternative activities**. The role of a prevention specialist is to inform community stakeholders on the benefits of providing safe events for youth that are free from high-risk behavior. Staff time should not be directed toward setting up, tearing down, or assisting at the event.
- **Duplicating services.** Federal and state funds must not be used to duplicate services. All contractors receiving funds must ensure that two or more grants or funding streams are not being used to provide the same activities or services to the same beneficiaries.
- **Hidden in Plain Sight** and other types of educational concealment activities (including rooms, lockers, purses, or training/additional services/technical assistance about these activities, etc.). These activities have no evidence to show that they are effective.
- **Law--enforcement strategies**. No funding of any enforcement strategies is permitted. Contractors may use funds to provide technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of alcohol, tobacco, and other drugs. Capacity building and support services to law enforcement are permitted, but this distinction needs to be clearly noted in all work plans and data submitted to IDPH.
- **Mental health promotion services**. According to the Block Grant statute, primary prevention set-aside funds can only be used to fund “activities to prevent substance abuse” for “individuals who do not require treatment for substance abuse.” However, substance misuse and/or problem gambling and mental illness share many of the same modifiable risk and protective factors. SAMHSA encourages contractors to fund strategies that address shared risk and protective factors AND those that are specific to substance misuse and/or problem gambling prevention.
- **Prevention services for those who require treatment**. No tobacco cessation services will be supported.
- **Programs, policies, strategies and services with no evidence base**
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT) services**. No screenings are permitted nor trainings/additional services/technical assistance about the SBIRT or a screening process are allowable.
- **Simulated impairment tools. such as alcohol/cannabis goggles**. According to findings in Prevention First (2010), while fatal vision goggles has shown some evidence of effectiveness in changing college students’ attitudes short term, no evidence exists for the 10-17 age group. There is no evidence of fatal vision goggles leading to long-term attitude change beyond four weeks, and no evidence of drinking and driving behavior change.
- **Statewide ATOD policy efforts**. Contractors are not permitted to work on statewide policy efforts through local or statewide coalitions and agencies.
- **Supplanting services**. Federal funds must not replace (supplant) non-federal funds. All contractors who receive funds under the Block Grant must ensure that these funds do not supplant funds that have been budgeted for the same purpose through non-federal sources.

Unallowable Costs:

- Banners
- Certification costs
- Dues
- Financial assistance to for-profit entities
- Gift cards
- Incentives (cash incentives or gifts for program participation)
- Land purchase or improvement
- Meal purchases for program participants (individuals served by direct programming, coalition members/subcommittee members, individuals attending program hosted events, etc.) but light refreshments, e.g. chips, sodas, bottled water, raw vegetables, etc., are an allowable cost
- Naloxone purchase and materials for overdose kits
- Paraphernalia and concealment items
- Promotional or giveaway items such as T-shirts, magnets, pencils/pens, toys, etc.
- Subscriptions

A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Contractors need to have adequate policies and procedures in place for fiscal oversight. All grant spending needs to align with the contractor budget approved by IDPH, as well as support the approved grant services. Grant spending should be allowable and reasonable in order to be good stewards of the funding.

A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. (2CFR 200.404)

If additional items not included in the approved budget are needed to complete the grant services, contractors should request a budget amendment through IowaGrants.gov correspondence. The specific request should include what funding will be adjusted within line items to cover the requested item, what new item is being requested, and a justification for the change

MATCH

Due to IDPH requirements, contractors are required to provide match funding. Based on the Department General Conditions, “Program income may be retained by the Contractor and shall be used for the program in accordance with the conditions of the contract unless the Special Conditions of the contract specify otherwise. Program income may be used to meet the cost sharing or matching requirement of the contract.”

For additional information regarding cost sharing and match, see Appendix C: 2 CFR 215.23 – Cost Sharing and Match. Match cannot include state or federal dollars.

All matching funds must align with IDPH-approved work plans, and the source of the match must be clearly noted in the budget.

SITE VISIT PROCESS

Contracted agencies are required to participate in an annual site visit. The Iowa Department of Public Health monitors and evaluates prevention services and contractors to ensure contract compliance. Monitoring and evaluation areas include but are not limited to: information related to fiscal reporting, quality improvement, work plan progress, contractor policies, service documentation, contract barriers, technical assistance needs, and contractor reporting and evaluation. IDPH is required to complete these reviews to demonstrate that the contractor network meets the standards set by the Substance Abuse Mental Health Services Administration (SAMHSA).

The site visit process is a collaborative one that requires agency preparation before the on-site visit. Site visits last approximately four to six hours. The Department will send site visit documentation, through the correspondence section of IowaGrants.gov, beforehand to provide clear guidance on the components to be reviewed.

For additional guidance on the site visit process, please see Appendix D: Site Visit Checklist.

SUBCONTRACTS/WORK PLANS

Per the Iowa Department of Public Health General Conditions, Section 5. Procurement Standards and Subcontractors:

a. **Procurement.** The Contractor shall use procurement procedures that comply with all applicable federal, state, and local laws and regulations.

b. **Subcontracting.** None of the work or services relating to this contract shall be subcontracted to another organization or individual without specific prior written approval by the Department except for subcontracts under $2,000. To obtain approval, the contractor shall submit to the Department the proposed contract or written agreement between the parties. The proposed contract or agreement shall contain:
    - A list of the work and services to be performed by the subcontractor
    - The contract policies and requirements
    - Provision for the Department, the contractor, and any of their duly authorized representatives to have access, for the purpose of audit and examination, to any documents, papers and records of the subcontractor pertinent to the subcontract
    - The amount of the subcontract
    - A line-item budget of specific costs to be reimbursed under the subcontract or agreement or other cost basis for determining the amount of the subcontract as appropriate
    - A statement that all provisions of this contract are included in the subcontract including audit requirements
    - Period of performance
    - Any additional subcontract conditions

Any subcontract or other written agreement shall not affect the contractor's overall responsibility and accountability to the Department for the overall direction of the project.

c. If, during the course of the subcontract period, the contractor or subcontractor wishes to change or revise the subcontract, prior written approval from the Department is required.
d. The contractor shall maintain a contract administration system which ensures that subcontractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.

e. The contractor shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of any subcontract. No employee, officer, or agent of the contractor or subcontractor shall participate in the selection or in the award or administration of a subcontract if a conflict of interest, real or apparent, exists.

LOCAL PUBLIC HEALTH & BOARD OF HEALTH INVOLVEMENT

Local public health services provide an array of care to Iowans and are responsible for public health in their jurisdiction and ensure that all communities have services that help promote healthy behaviors and self-management of chronic disease.
Local public health services include,
but are not limited to, the following:

- Communicable disease surveillance, investigation, and follow-up
- Immunization clinics
- Personal care and support services, including home care aide and homemaker services
- Skilled nursing visits in the client's home
- Screening services, including blood pressure and blood glucose
- Health education to community groups
- Prevention programs like fall prevention, bike safety, and home safety inventories

Source: Bureau of Local Public Health Services, Iowa Department of Public Health, 2018

"As a condition of the contract, the contractor shall assure linkage with the local board of health in each county where services are provided. The contractor will assure that the local board of health has been actively engaged in planning for, and evaluation of, services. It will also maintain effective linkages with the local board of health, including timely and effective communications and ongoing collaboration."

Local boards of health have responsibility for public health in their jurisdiction. They support local public health vision, mission, and advocacy and encourage community involvement in setting public health priorities. In addition, local boards of health have been given the responsibility to oversee utilization of the Local Public Health Services Contract. For more information, see Appendix E: Local Board of Health.

Both the Local Public Health and Board of Health play a vital role in the success of prevention services throughout Iowa. As a key player in the community, these entities can enhance and expand primary prevention services by connecting prevention specialists to key stakeholders, collaborate on evolving substance misuse and/or problem gambling issues that may arise, and systematically work to maximize initiatives that have shared risk and protective factors.

Per the Iowa Department of Public Health General Conditions language, "As a condition of the contract, the contractor shall assure linkage with the local board of health in each county where services are provided. The contractor will assure that the local board of health has been actively engaged in planning

for, and evaluation of, services. It will also maintain effective linkages with the local board of health, including timely and effective communications and ongoing collaboration."

Contractors are required to include how they engaged their local Boards of Health, in each county, in their quarterly progress report. For more information on this topic, please contact your IDPH Project Coordinator.

IOWA DEPARTMENT OF PUBLIC HEALTH GENERAL CONDITIONS

Contractors awarded a General Conditions Service Contract with the Iowa Department of Public Health are required to comply with the contract terms contained in the special conditions portion of the contract, as well as the general conditions specified in the correspondence document in Appendix F.

For additional information regarding the Iowa Department of Public Health General Conditions, please visit IDPH General Conditions for Service Contracts.

STAFFING AND PERSONNEL | HOURS OF OPERATION & SERVICE LOCATION

As per the IDPH Substance Use and Problem Gambling Services Integrated Provider Network Request for Proposal:

Hours of Operation and Service Locations

A contractor must provide prevention services in the service area. A contractor must have sufficient prevention services locations and hours of operation to support access for all residents in each county in the service area. A contractor may provide prevention services in person or through electronic means or written communications, with direct face-to-face services preferred. A contractor must offer prevention services in each county in each awarded service area. A contractor may request an exception from the Department. A contractor cannot limit prevention services to the school year and cannot limit prevention services locations to schools.

Staffing and Personnel

Contractors must ensure that staffing and staff qualifications are sufficient to implement prevention services. No single staff person may exceed 1.0 FTE. Staff providing prevention services must have the appropriate qualifications, experience, degrees, certifications. or licenses required of their position, and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.

Prevention Organization Expectations

POLICIES AND PROCEDURES MANUAL

BASED ON IAC 155.21(4)

Maintain and implement a written policies and procedures manual that documents the contractor's prevention services. Describe the prevention services and related activities, specify the policies and procedures to be followed, and govern all prevention staff.

- The manual shall have a table of contents.
- Revisions to the manual shall be entered with the date and with the name and title of the staff person making the revisions.

STAFF DEVELOPMENT AND TRAINING

BASED ON IAC 155.21(5)

Policies and procedures shall establish a staff development and training plan that encompasses all prevention staff and all prevention services, considers the professional continuing education requirements of certified staff, and is available to all prevention staff.

- Designate a staff person responsible for the staff development and training plan.
- The staff person responsible for the staff development and training plan shall conduct an annual needs assessment.
- The staff development and training plan shall describe orientation for new staff that includes an overview of the contractor's organization, prevention services, and confidentiality.

DATA REPORTING

BASED ON IAC 155.21(6)

Policies and procedures shall describe how the contractor reports data to IDPH in accordance with Department requirements and processes.

FISCAL MANAGEMENT

BASED ON IAC 155.21(7)

Policies and procedures shall ensure proper fiscal management.

PERSONNEL

BASED ON IAC 155.21(8)

The contractor shall have personnel policies and procedures that address:

- Recruitment and selection of staff
- Wage and salary administration
- Promotions
- Employee benefits
- Working hours
- Vacation and sick leave
- Lines of authority
- Rules of conduct
- Disciplinary actions and termination

- Methods for handling cases of inappropriate service delivery
- Work performance appraisal
- Staff accidents and safety
- Staff grievances
- Prohibition of sexual harassment
- Implementation of the Americans with Disabilities Act
- Implementation of the Drug-Free Workplace Act
- Use of social media
- Implementation of equal employment opportunity

JOB DESCRIPTIONS

Each position and staff person shall have a written job description that describes the duties of each position and staff member and the qualifications required.

- A review of all job descriptions should happen annually and whenever there is a change in a position's duties or required qualifications.
- Job descriptions should be in the personnel section of the policies and procedures manual.

PREVENTION SPECIALIST CERTIFICATION

A staff person providing prevention services shall be qualified to provide prevention services by meeting at least one of the following conditions:

- Be certified as a prevention specialist by the Iowa Board of Certification or other organization as approved by IDPH.
- A staff person employed to provide prevention services on and after January 1, 2019, who is not certified as a prevention specialist, shall be deemed qualified while the person is in the process of being certified as a prevention specialist. Such staff:
    - must meet the requirements of the certification process
    - must be supervised or mentored by a certified prevention specialist
    - must participate in Substance Abuse Prevention Skills Training within one year of hire
    - must receive a minimum of three hours of ethics training within three months of hire
    - must be certified as a prevention specialist within 18 months of hire.
- A staff person employed as the prevention supervisor or lead staff must be certified as a prevention specialist by a national or state organization approved by IDPH by June 30, 2020.

EVALUATION OF JOB PERFORMANCE

Written evaluation of job performance with each staff person will happen at least annually. The evaluation shall include the opportunity for the staff person to comment.

PERSONNEL RECORDS

Personnel record on each staff person will be maintained. The record shall contain:

- Verification of training, experience, qualifications, and professional credentials
- Job performance evaluations
- Incident reports
- Disciplinary action taken
- Documentation of review and agreement to adhere to confidentiality laws and regulations

This review and agreement shall occur prior to the staff person's assumption of duties.

Personnel policies and procedures shall ensure confidentiality of personnel records and shall specify the staff authorized to have access to personnel information.

Notification will be made to IDPH in writing within 10 days of being informed that a staff person has been sanctioned or disciplined by a certifying body. Such notice shall include the sanction or discipline order.

CHILD ABUSE, DEPENDENT ADULT ABUSE, AND CRIMINAL BACKGROUND CHECKS

BASED ON IAC 155.21(9)

Policies and procedures shall address child abuse, dependent adult abuse, and criminal background checks.

- Any mistreatment, neglect, or abuse of children and dependent adults is prohibited and shall be reported, and enforcement procedures shall be enacted.
- Alleged violations shall be reported immediately to the contractor's executive director and appropriate Department of Human Services personnel.
- Policies and procedures on reporting alleged violations shall be in compliance with subrule 155.21(10).
- A staff person found to be in violation of Iowa Code sections 232.67 through 232.70, as substantiated by a Department of Human Services investigation, shall be subject to the contractor's policies concerning termination.

SERVICE RECORDS

BASED ON IAC 155.21(10)

Policies and procedures shall describe compilation, storage, and dissemination of service records.

QUALITY IMPROVEMENT

BASED ON IAC 155.21(20)

Policies and procedures shall describe a written quality-improvement plan that encompasses all prevention services and related contractor operations.

SAFETY

BASED ON IAC 155.21(21)

Policies and procedures shall ensure that physical facilities are clean and safe.

- A written plan will be in place and will be followed in the event of fire or tornado.
- The plan shall be conspicuously displayed at the contractor's facility.

Conclusion

Substance misuse and/or problem gambling are concerning issues that impact many Iowans. The foundational concepts in this handbook were created to ensure that the prevention work implemented is data driven, evidence-based, and completed with the full engagement of our communities. It is through this approach that we can see successful change that leads to healthy Iowans. Thank you for your hard work and dedication to the field of prevention.

Please visit Appendix G: Frequently Asked Questions and Appendix H: Glossary of Terms and Acronyms to learn more.

Appendices